

**Statement On Reverse Side**

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California Emergency Management Act

INDEX NUMBER

TELEPHONE NUMBER  
916-324-8908

ZIP CODE  
95655

(9)

TOTAL

TOTAL  
EXPENSE  
FOR DAY

9.0

\$ 9.00

7/2: Attend So CA Catastrophic Plan kick off

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

48.5¢/Mile

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER:

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by 541, Section 0750-0751, 0752, 0753, and 0754 pertaining to vehicle safety and cost.

DATE \_\_\_\_\_

DATE \_\_\_\_\_

(17) SIGNATURE AND TITLE OF AUTHOR

FOR SPECIAL EMPLOYMENT

on reverse)

DATE \_\_\_\_\_